

**NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH CUSTOMER SATISFACTION FORM**

We would like to know about your efforts during the month of September. This information will be used to determine the usefulness of these materials and will also help the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment plan for future outreach materials. Please complete this form and return it by mail or fax to the address below by October 31, 2003. We encourage you to provide photographs and/or samples of supporting materials. Your response is voluntary, but your input is essential to our efforts to improve *Recovery Month* materials for future years.

|  |             |                     |                 |            |
|--|-------------|---------------------|-----------------|------------|
| Name   | Title       |                     |                 |            |
| Organization Name & Address  |             | Phone & Fax Numbers |                 |            |
| Please provide a brief description of your event or major activities. (Please attach additional sheets, if necessary.) |             |                     |                 |            |
| Did you receive media coverage? If yes, who covered your event? (Please attach a brief summary or copies of articles.) |             |                     |                 |            |
| <b>Using the following scale, please rate the following kit materials.</b>   |             |                     |                 |            |
|  | Very Useful | Useful              | Somewhat Useful | Not Useful |
| Planning Partners  |             |                     |                 |            |
| Additional Resources   |             |                     |                 |            |
| Single State Agency Directory  |             |                     |                 |            |
| Overview of Co-occurring and Co-existing Disorders, Substance Abuse Disorders, Treatment, and Recovery                 |             |                     |                 |            |
| Youth  |             |                     |                 |            |
| Workplace  |             |                     |                 |            |
| Community-Based and Service Organizations  |             |                     |                 |            |
| Health Care Providers and Payers   |             |                     |                 |            |
| Treatment and Recovery Communities   |             |                     |                 |            |
| Justice and Child Welfare Systems  |             |                     |                 |            |
| Join the Voices for Recovery   |             |                     |                 |            |
| Promotional Event Ideas  |             |                     |                 |            |
| Sample Proclamations   |             |                     |                 |            |
| Sample Press Release   |             |                     |                 |            |
| Sample Media Advisory  |             |                     |                 |            |
| Sample Op-Ed   |             |                     |                 |            |
| Radio Public Service Announcements (live-read announcer scripts)   |             |                     |                 |            |
| Logo Sheet   |             |                     |                 |            |
| Letterhead   |             |                     |                 |            |

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**  
**Center for Substance Abuse Treatment, Office of the Director, Consumer Affairs**  
**5600 Fishers Lane, Rockwall II, Rockville, MD 20857**  
**Fax: 301-443-7801**

National Alcohol  
& Drug Addiction  
*Recovery Month*

**NOTE:** Public reporting for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0197); Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197.